2011 Market Monitoring Form
California WIC/Senior Farmers' Market Nutrition Program

Date of Visit: _____

Name of Market:	Market Managers Name:
Location:	Day & Time of Market:

Observation of Market

1) How many farmers in market location:	
2) How many farmers participate in FMNP?	
3) Number of farmers observed/reviewed:	
4) Of those observed/ reviewed, how many have the correct signage posted?	
5) Does the Market Manager have a Sign Posted?	
6) Did you observe obvious violations? If yes, list violations:	

Questions for Market Manager

On Site Market Manager's Name:_____

	Yes	No	N/A
7) How you received training on WIC/Senior FMNP rules & requirements?			
8) Do you understand the WIC/Senior FMNP rules & requirements?			
9) Do you provide training to your Farmers on FMNP rules & requirements?			
10) Did your farmer vendors attend the FMNP training prior to accepting checks?			
11) Do you allow farmer vendors to accept WIC/Senior FMNP checks prior to authorization?			
12) Do you accept FMNP checks for stall fees? What ID number should appear on the checks? _____			
13) Do you retain a copy of each farmer vendors current producer certificate?			
14) Do you allow wholesale or retail farmers to sell at the market? If yes, are they allowed to accept FMNP checks?			
15) Are you aware or suspect any abuse, fraud, or violation of FMNP rules and requirements? (if yes explain)			

## Conclusion:	Yes	No	N/A
16) Did the Market Manager cooperate during the visit, inspection or audit?			
17) Is a follow up recommended? (if yes please explain on back)			

Notes:

_____

_____

_____

Findings and Recommendations
(Please Review with Market Manager)

Findings & Concerns:	Recommendations:
1.	
2.	
3.	

How did the Market Manager Respond to the findings and recommendations?

_____

_____

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_____

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_____

Additional Notes:

_____

_____

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Reviewer Information

Agency: _____

Name of Reviewer: _____

Title: _____

Signature: _____

For State Use Only		
	Date Completed	**By:**
Form Received		
Logged into Database		